

**Harald Joesaar, D.D.S., P.C. and Bella Dental  
Office Policy**

**Payment will be expected at the time of service for all non-contracted fees, copays and coinsurance amounts.**

**Insurance Contracts:** If we have a "Participating Contract" with your insurance Carrier, we will accept assignment on all Covered Services and bill your carrier for you. You are responsible for the Copay, Coinsurance, Deductible, and for all non-covered services.

Insurance plans represent a contract between yourself and the insurance company. These contracts are not between the doctor and the insurance company. We will do our best to help you obtain benefits, but we cannot be responsible if your carrier does not pay. Further, if a member of our staff advises you that you are fully covered or implies that you owe nothing, it is your responsibility to contact your insurance company for verification. Therefore, it is your responsibility to make certain your carrier makes prompt payment, and to handle any disputes that may arise.

If your insurance has not paid the **FULL BALANCE** within 45 days from the date of service, you are asked to pay the balance in full. A finance charge of 18% (1.5% a month) will be added to the total balance on all accounts over 60 days past due.

Third party financing may be available for patients requiring extensive treatment (\$300 or more) through Care Credit. This type of financing must be approved in advance.

If at any time you have questions regarding any treatment, fees, or services, please discuss them with us promptly and frankly. We will make every effort to avoid a misunderstanding, to rectify any injustice, or to preserve a friendship.

**Missed appointments:** Our policy is to charge for missed appointments unless a cancellation is received at least 24 hours in advance. The charge is \$50 per hour of scheduled time. If you do not cancel your appointment 24 hours prior to the appointment or you do not show for a scheduled appointment, after the third time within a 12 month period, we have the right to discharge you from our practice.

Children in the office area: Please make arrangements for your non-scheduled children prior to your visit. Children should not be left unattended in the reception. All children 17 years of age and under scheduled for treatment must have a parent or legal guardian present in the office during their appointment.

**Crown, bridges, dentures, and nightguards.** The exacting fit of these restorations and the dynamic nature of the human mouth requires that a patient be available for delivery of these restorations. If a Patient does not return within a month for final delivery, they will be responsible for the cost of the remake if it does not fit.

**Cellular phones/pagers:** We request all cellular phones and pagers turned off or to silent during your appointment.

We reserve the right to dismiss any patient from our practice for inappropriate behavior in our office or on the phone .

I have read the policies and agree with the terms outlined above.  
I acknowledge that I am responsible to pay all charges for treatment administered by Harald Joesaar, D.D.S. and staff as outlined above.

Responsible Party Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_